

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert Braxton

16CV 9425

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Local 100 (Union)

Manhattanville Depot 666 West 133rd Street

New York New York 10027

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. Typically, the company or organization named in your charge to the Equal Employment Opportunity Commission should be named as a defendant. Addresses should not be included here.)

Jury Trial: Yes No
(check one)

This action is brought for discrimination in employment pursuant to: (check only those that apply)

____ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

____ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.

____  Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

____ New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

____ New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Robert J. Braxton
Street Address 241 North 2nd Street
County, City Lehigh County, Allentown
State & Zip Code P.A. 18102
Telephone Number (610) 802 7861

B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name Tracey Young, Richard Davis, Tose Castro
Street Address Manhattanville Depot 666 West 133rd Street
County, City New York, New York
State & Zip Code New York 10027
Telephone Number 212 712 4339

C. The address at which I sought employment or was employed by the defendant(s) is:

Employer New York City Transit Manhattanville Depot (MTA)
Street Address 666 West 133rd Street
County, City New York
State & Zip Code New York 10027
Telephone Number _____

II. Statement of Claim:

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

Failure to hire me.
 Termination of my employment.
 Failure to promote me.
 Failure to accommodate my disability.
 Unequal terms and conditions of my employment.

Retaliation.

Other acts (specify): _____

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: _____
Date(s)

C. I believe that defendant(s) (check one):

_____ is still committing these acts against me.

_____ is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

race _____

color _____

gender/sex _____

religion _____

national origin _____

age. My date of birth is _____ (Give your date of birth only
if you are asserting a claim of age discrimination.)

disability or perceived disability, _____ (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

Reported to work after being a caretaker, and was told there
was no work for me. Was told on several occasions by Tracey
Young that I needed to get back on the bus after my
two knee surgeries. I have been out of work for over a year.

Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: _____ (Date).

B. The Equal Employment Opportunity Commission (*check one*):

has not issued a Notice of Right to Sue letter.
 issued a Notice of Right to Sue letter, which I received on 9/21/16 (Date).

Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

60 days or more have elapsed.
 less than 60 days have elapsed.

IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: _____

(Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of December, 2016.

Signature of Plaintiff



Address

241 North 2nd Street

Allentown PA 18102

Telephone Number

(610) 802 7861

Fax Number (if you have one)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Robert Braxton
241 North 2nd Street
Allentown, PA 18102

From: New York District Office
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

520-2016-01445

Thomas Perez,
Investigator

(212) 336-3778

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

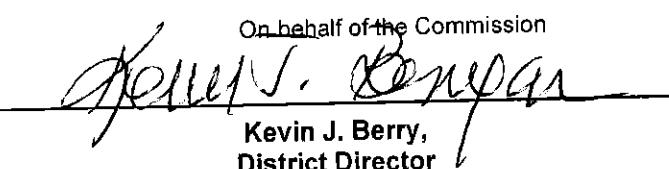
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

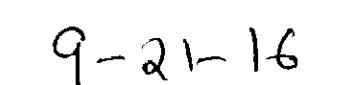
Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Kevin J. Berry,
District Director



(Date Mailed)

Enclosures(s)

cc: Director
Director of Legal Affairs
TWU LOCAL 100 (MANHATTANVILLE BUS DEPOT)
666 West 133rd Street
New York, NY 10027

2 Broadway 10th Floor-Section D
New York, NY 10004
646-376-0123

Metropolitan Transportation Authority

November 15, 2016

Mr. Robert Braxton
241 N. 2nd Street
Allentown, PA 18102

Pass# M34010

Dear Mr. Braxton:

In connection with the application filed on February 17, 2016 for disability retirement, please be advised that an appointment has been made for you on November 18, 2016 at 2:00 p.m. to be evaluated by the doctor listed below before you are seen by the New York City Employees' Retirement System (NYCERS) Medical Board.

Dr. Giancarlo Colon Vilar (Psychiatrist)
10 Nathan D. Perlman Place (bet 1st and 2nd Ave)
Bernstein Building, 2nd Floor
Psychiatric Outpatient Services
New York, NY 10003

Please inform the front desk that you are seeing Dr. Colon Vilar as private patient.
You will be required to show picture identification, preferably your employee pass or a current driver's license. Also, please confirm the appointment by telephoning this office at 646-252-1471 upon receipt of this letter.

If you fail to appear for the appointment, you must provide proof that you were medically unable to do so.

Sincerely,

Shana Ricketts

Shana Ricketts
Sr. Pension Analyst
MTA Consolidated Pensions

The agencies of the MTA
MTA New York City Transit
MIA Long Island Rail Road

MIA Metro North Railroad
MIA Bridges and Tunnels

MIA Capital Construction
MIA Bus Company



**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

NEW YORK OFFICE
EEOC

2015 OCT 28

RECEIVED

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Braxton First Name: Robert MI: J
 Street or Mailing Address: 241 N. 2nd Street Apt Or Unit #: _____
 City: Allentown County: USA State: PA ZIP: 18102

Phone Numbers: Home: (610) 902 7861 Work: ()
 Cell: (610) 802 7861 Email Address: claudette.percival@yahoo.com
 Date of Birth: 9/27/1965 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions.

i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? African American

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: claudette.percival-Braxton Relationship: wife
 Address: 40 Yale Avenue City: Jersey City State: NJ Zip Code: 07304
 Home Phone: (201) 204-3133 Other Phone: ()

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Transit Local 100 Manhattanville Bus Depot
 Address: 666 W 133rd Street County: USA
 City: New York State: NJ Zip: 10027 Phone: (212) 712 4334
 Type of Business: MTA Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: MTA Phone: _____

Number of Employees in the Organization at All Locations: Please Check (v) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? Yes No

Date Hired: 04/20/05 Job Title At Hire: Bus Operator

Pay Rate When Hired: \$22 per/hour Last or Current Pay Rate: \$ 31.79 per/hour

Job Title at Time of Alleged Discrimination: 10/27/2015 Date Quit/Discharged: 10/27/2015

Name and Title of Immediate Supervisor: Daniel Hogan

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; choose which type(s) of genetic information is involved:

i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: Action:

Name and Title of Person(s) Responsible:

B) Date: Action:

Name and Title of Person(s) Responsible:

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

I was discriminated against because of my disability. My right knee prevents me from driving a bus. I can't because I had a total knee replacement.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Trucey Young and Richard Davis had a meeting and decided that since I owed union dues I can not work. That was told to me by the chairman Jack. They have regular bus drivers working as caretakers.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
_____	_____	_____

Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
_____	_____	_____

Description of Treatment

(6)

I became a caretaker on May 27, 2015, the day I returned to work, after my knee replacement surgery.

I was informed that I would not be returning as a bus operator, but a caretaker. My doctor has written letters that I should be on sedentary. He indicated, "Sedentary with bearing as needed. No commercial driving."

On Wednesday Oct. 21, 2015, at around 2:30, Tracey Young told me that, "She would have to take me off the work that I do as a caretaker."

When I returned to work on Oct 26, 2015, She removed my name from the schedule and replaced two able bus operators on my shift. I contacted the Chairman Jose, who informed me that Tracey Young and Richard Davis had a meeting to remove me since my union dues were not up to date. I went to Mr. Matt who said there was nothing he could do, but I was sent to him by Tracey.

LABOR AND EMPLOYMENT INTAKE QUESTIONNAIRE

EMPLOYEE INFORMATION

PERSONAL INFORMATION

Last Name: Braxton First Name: Robert MI: J.

Street or Mailing **Apt or Unit#:**
Address: 241 N 2nd Street

City: Allentown County: Lehigh Valley State: PA Zip: 18102

Cell: 610 802 7841 Home: 201 264 2122 Work:

Email Address: Claudettepercival@yahoo.com

Date of Birth: 4/27/65 Race: B1 Nationality: African American

EMPLOYER INFORMATION

Name of Company:

Address/Location: Manhattanville Depot - Manhattan Division

City, State, Zip: 106 West 133rd street New York, New York 10027

Telephone Number:

Fax Number:

Rate of Pay: \$31.92

Position: Bus Operator / Caretaker

Approximate number of employees: 1000

Name of Owner/Manager: New York City Transit

Other Locations: Yes No

If yes, list location(s):

Please check the category or categories under which you feel you were discriminated:

<input type="checkbox"/> Age Discrimination	<input type="checkbox"/> Race Discrimination
<input type="checkbox"/> National origin discrimination	<input type="checkbox"/> Discrimination based on color
<input type="checkbox"/> Sex (Gender) discrimination	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Religious discrimination	<input checked="" type="checkbox"/> Disability Discrimination
<input checked="" type="checkbox"/> Retaliation for complaining of unlawful conduct or discrimination	
<input type="checkbox"/> Violation of FMLA (Family Medical Leave Act)	
<input type="checkbox"/> Retaliation for filing a valid worker's compensation claim	
<input type="checkbox"/> Sexual Orientation discrimination	
<input type="checkbox"/> Whistleblower	<input type="checkbox"/> Pregnancy discrimination
<input type="checkbox"/> Overtime Pay	<input type="checkbox"/> Unpaid Wages
<input type="checkbox"/> Other (please explain):	

How long have you worked for the employer? Over 10 years

DATES OF EMPLOYMENT

Date of Hire: 4/17/2005

Date of Fire: Oct. 24th 2016

Are you currently employed by the company? No

If not, did you quit or did they terminate you: They terminated me.

Date of last discrimination: 10/21/2015

WHAT HAPPENED THAT MAKES YOU FEEL YOU WERE WRONGFULLY TREATED? PLEASE BE SPECIFIC AND DETAILED:
(Provide a timeline of events, including, dates, times, names, etc.) If you need more space, please use a separate sheet and be sure to attach. You can type directly into this form.

On 10/27/2015 I was denied work. I was a bus operator before I got injured. When I return to work a year later I was assigned as caretaker of the garage. Tracey Young told me I have no work. Jose Castro said that Tracey went to Richard Davis and he is the president of my garage. Tracey Young told Richard Davis that I was behind in union dues from back in 2005 and he told her not to give me any work.

On two different occasions, Tracey Young told me that I needed to get back on the bus. I went to the Superintendent of the garage Mac Baker. He told me to file for Disability Retirement. I'm in the process of doing that now.

Have you filed a complaint? If so with whom?

a. Supervisor Jose Castro

b. HR

c. EEOC or FCHR: EEOC

If a complaint was filed, did the discrimination occur again after filing a complaint? Please explain (attach copy if written):

It has been ongoing.

If a complaint was filed with the EEOC did you receive the Right to Sue Letter? If so what is the date on the letter? (Please provide a copy with this form) Yes

Did the EEOC find Cause? No

If so, what is the Cause? (Please attach letter)

****ONLY ANSWER THIS PORTION IF YOU ARE ALLEGING A VIOLATION OF FAMILY AND MEDICAL LEAVE ACT (FMLA) ****

IF YOU ALLEGE OR HAVE A VIOLATION OF THE FAMILY AND MEDICAL LEAVE ACT (FMLA), PLEASE ANSWER THE FOLLOWING:

Have you been there one (1) year?

What is/was your reason for taking FLMA?

Disability Help Group LLC

P.O. Box 189104
Plantation, FL 33318
Phone: 844-681-8143
Fax: (800) 800-3390

November 2, 2016

Dear Robert Braxton:

Your disability/SSI hearing is scheduled for 11/22/2016 @ 2:20pm. We will be developing your claim leading up the hearing. Over the next few weeks we will request medical records and review your file for completeness and accuracy to prepare for the hearing.

While we are preparing your case, you need to do the following:

- 1. Please fill out the attached prescription form and return it to our office BEFORE your hearing date. You can return via fax to 866-820-2827 or in the prepaid envelope provided.**
 - The Judge looks at this form along with your medical records.*
- 2. Call us if your phone, address, or any information changes.**

Tips:

- ◆ The assistants at Disability Help Group will develop your file and discuss the progress of your claim with the representative handling your case. If any problems or questions arise we will contact you immediately. One or two days before the hearing the representative will contact you to discuss your case.
- ◆ Please arrive at the hearing at least 1 hour before the hearing starts.
- ◆ Social Security will send you a letter confirming the hearing date. There is a form on the back asking you if you will attend the hearing. If you do not receive this notice or need directions to the hearing please call us.
- ◆ Dress as you would on a normal day. Please no shorts or hats.

Very Truly Yours,

Adam Neidenberg

AN/tm

Disability Help Group LLC

P.O. Box 189104

Plantation, FL 33318

Phone: (800) 800-3332; (954) 908-3948

Fax: (800) 800-3390; (954) 617-2221

November 7, 2016

Office of Disability Adjudication & Review
8380 Old York Rd, Ste 250
Elkins Park, PA 19027

RE: Robert Braxton
SSN: 139-64-3612
Hearing: 11/22/2016

REQUEST TO AMEND ONSET DATE

To Whom It May Concern:

After further discussion with the claimant concerning the issues involved in their case, the claimant agrees to amend the alleged onset date of disability to October 3, 2015. We have explained to the claimant the ramifications of amending their alleged onset date. The claimant acknowledges what the effects will be and agrees to the amendment.

We appreciate your consideration on this matter. Please contact our office if any further information is needed.

Very truly yours,

Adam Neidenberg

AN/tm

I, Robert Braxton have consulted with my representative and agree with the above stated opinion.

Robert Braxton

IAL SECURITY ADMINISTRATION
ce of Disability Adjudication and ReviewForm Approved
OMB No. 0960-0289

CLAIMANT'S MEDICATION

To be completed by Hearing Office

claimant and Social Security Number)

(Wage Earner and Social Security Number)

The last time we brought your case up-to-date was:

bert Braxton
9-64-3612

To be completed by the claimant

PLEASE PRINT

PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING. IF THE NAME OF THE MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR PHARMACIST.

NAME OF MEDICATION & DOSAGE	DATE FIRST PRESCRIBED	DAILY AMOUNT TAKEN	REASONS FOR MEDICATION	NAME OF PHYSICIAN
Lyrica	10/6/16	3	neuropathic pain	Norelli
tramadol	10/6/16	3-4	neuropathic & nociceptive pain	Norelli
Tizanidine	9/8/16	1-2	muscle pain	Norelli

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and ReviewForm Approved
OMB No. 0960-0289

CLAIMANT'S MEDICATION

A. To be completed by Hearing Office

(Claimant and Social Security Number)

Robert Braxton
139-64-3612

(Wage Earner and Social Security Number)

The last time we brought your case up-to-date was:

B. To be completed by the claimant

PLEASE PRINT

PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING. IF THE NAME OF THE MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR PHARMACIST.

NAME OF MEDICATION & DOSAGE	DATE FIRST PRESCRIBED	DAILY AMOUNT TAKEN	REASONS FOR MEDICATION	NAME OF PHYSICIAN
Dulapentin	8/22/16	1-3 every 8 hours.	Mid Back Pain	Dr. Charles Norelli
Tramadol 50 mg	10/6/16	1-2 every 8 hours.	Cervical Radiculopathy Radicular Pain	Dr. Charles Norelli
Cephalexin 500 mg	7/3/15	4 cap 1 hr. prior to dental	Pre-Med antibiotic	Dr. Thomas Meada
Synexa 150 mg	10/6/16	surgical visit 1 cap 2x day	radicular pain Cervical Radiculopathy	Dr. Charles Norelli

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.

Tizanidine 4mg - 9/8/16 1/2-1 q 8hr. low back Pain - Dr. Charles Norelli

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

Form Approved
OMB No. 0960-0289

CLAIMANT'S MEDICATION

.. To be completed by Hearing Office Claimant and Social Security Number) (Wage Earner and Social Security Number) The last time we brought your case up-to-date was:		
Robert Braxton 39-64-3612		

3. To be completed by the claimant

PLEASE PRINT

PLEASE PRINT
PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING. IF THE NAME OF THE MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR PHARMACIST.

MEDICATION IS NOT SHOWN BY PHARMACIST.				
NAME OF MEDICATION & DOSAGE	DATE FIRST PRESCRIBED	DAILY AMOUNT TAKEN	REASONS FOR MEDICATION	NAME OF PHYSICIAN
Cephalexin	7/3/15	4 cap - 1 hour prior to dental or surgical visit	Pre-Med antibiotic	Dr. Thomas Meade

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.

ITAL SECURITY ADMINISTRATION
e of Disability Adjudication and Review

Form Approved
OMB No. 0960-0289

CLAIMANT'S MEDICATION

To be completed by Hearing Office (Name and Social Security Number) Robert Braxton 1-64-3612	(Wage Earner and Social Security Number)	The last time we brought your case up-to-date was:
---	--	--

To be completed by the claimant

PLEASE PRINT

PLEASE PRINT

TO BE COMPLETED BY
PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING. IF THE NAME OF THE
MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR
PHARMACIST.

REASONS FOR MEDICATION	NAME OF PHYSICIAN
------------------------	-------------------

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.



Manhattanville Depot – Manhattan Division
666 West 133rd Street
New York, New York 10027

October 18, 2016

**Mr. Robert Braxton P/R# M34010
241 N. 2nd Street
Allentown, PA 18102**

**Certified# 91 7199 9991 7036 4632 1651
and REGULAR MAIL
RECLASSIFICATION EXAM
FINDINGS/DETERMINATION**

Dear Mr. Braxton:

On October 12th, 2016 you attended a reclassification medical at MAC 3; however, we have been advised by the Office of Occupational Health Services (OHS) that they are unable to recommend you for a title for possible reclassification at this time.

Therefore, Transit will terminate your employment effective **October 24th, 2016** under §73 of the Civil Service Law and/or the collective bargaining agreement and Transit's Restricted Duty Policy/Instruction.

You may, within one year of the termination of your disability, to the extent you are able to perform the essential duties of your position with or without a reasonable accommodation, make application for a medical examination to seek restoration of employment. If certified to be physically and mentally fit to perform the duties of your former position, you will be reinstated to your former position, if vacant, or to a vacancy in a similar position or a position in a lower grade in the same occupational field in your former department or agency. If no appropriate vacancy exists to which such reinstatement may be made, or if the workload does not warrant the filling of such vacancy, your name will be placed on a preferred list for your former position in your former department or agency and you will be eligible for reinstatement for a period up to four years. In the event that you are reinstated to a position in a grade lower than that of your former position, your name will be placed on the preferred eligible list for your former position or any similar position in your former department agency.

Application for a medical examination must be made in writing, addressed to the Medical Director, MTA New York City Transit, 180 Livingston Plaza, Brooklyn, New York 11201 indicating when your disability terminated and that you are physically and mentally fit to perform the duties of your position.

You must return your employee pass, badge and, if issued, your parking permit, and return this to my attention by certified mail, return receipt. If there are any payments owed to you they will be paid to you after these items are received.

Sincerely,

A handwritten signature in black ink that appears to read 'Matthew Baker'.

Matthew Baker
General Superintendent
Manhattanville Depot